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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/690,389 Confirmation No.: 2376
Applicant: Benjamin OSHLACK, et al.
Filed: October 21, 2003
Art Unit: 1615
Examiner: To be assigned
For: **Melt-extruded Orally Administrable Opioid Formulations**

Attorney Docket No.: 200.1030CON3
Customer No.: 23280

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

July 19, 2004

PRELIMINARY AMEDEMMENT

I. INTRODUCTORY COMMENTS

Sir:

Applicants respectfully submit that the following Amendments be made in the above-referenced application:

Amendment to the Specification begins on page 2 of this document.

Amendments to the Claims begin on page 3 of this document.

Remarks begin on page 6 of this document.

Date: July 19, 2004

COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

In re application of: Benjamin OSHLACK, et al.

Serial No.: 10/690,389

Filed: October 21, 2003

For: BELT-EXTRUDED ORALLY ADMINISTRABLE OPIOID FORMULATIONS

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)	(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
	REMAINING	HIGHEST		RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY	PRESENT					
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	* Minus**	=	0	x \$	9	\$	x \$	18
INDEP. CLAIMS	* Minus***	=	0	x \$	42	\$	x \$	84
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$140	\$	+	\$280

TOTAL: \$ OR TOTAL: \$

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Also transmitted herewith are:
☐ Petition for extension under 37 C.F.R. 1.136 (in duplicate)
☐ Other:
☐ Check(s) in the amount of \$.00 is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☐ Petition fee for extension under 37 C.F.R. 1.136
☐ Other:

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
☒ Any patent application processing fees under 37 C.F.R. 1.17.
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on

July 19, 2004
 DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 